



VIA US MAIL

June 27, 2012

Office of the FCC Secretary
Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

**RE: Annual Reporting Requirements and Certifications pursuant to § 54.313(a)(2)-(6)
and WC Docket No. 10-90**

Dear Ms. Dortch,

On behalf of GulfPines Communications, LLC, Fail, Inc., its parent company, is filing Annual Reporting Requirements Reports and Certifications pursuant to § 54.313(a)(2)-(6).

Sincerely,

A handwritten signature in blue ink that reads "Rick Bennett".

Rick Bennett, Manager of Business Development
Fail, Inc.
rbennett@nexband.com

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

WC Docket No. 10-90

§ 54.313(a)(2) – Outage reporting

 X My company was not required to collect this information in 2011.

 My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(3) – Unfulfilled service requests

 X My company was not required to collect this information in 2011.

 My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(4) – Customer complaints per 1000 connections

 X My company was not required to collect this information in 2011.

 My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

Company Name	State	Study Area Code
GulfPines Communications, LLC	Mississippi	289015

(If necessary, attach a separate list of additional study areas and check this box.)

☐

Signed,



[Signature of Corporate Officer]

Date:

6-27-2012

Charles F. Fail

[Printed Name of Corporate Officer]

President / CEO

[Title of Corporate Officer]

Carrier's Name **Fail, Inc.**

Carrier's Address **12 N. Third Street, Bay Springs, MS 39422**

Carrier's Telephone Number **(601) 764-3463**